## OFFICIAL FILE LLINOIS COMMERCE COMMISSION

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CHIEF CLERK'S OFFICE

FORMAL COMPLAINT

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701 For Commission Use Only: Case: 4-0094

ORIGINAL

Regarding a complaint by (Person making the complaint): $5054N$ VINEYARD
Against (Utility name): AMEREN   CIPS
As to (Reason for complaint) Violation of Ill Adm Cole 280.50 (c) AND 280.50 (D)
being charged for utility charges of Catherine D. Vineyard at 3018 Oak
Langiousehand Trust-same albreis and Toscans hand Trust at 703 E Oak
in WEST FRANKFORT Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is 301 £AST DAK ST. WEST FRANKFORT, ILE
The service address that I am complaining about is 301 GAST OAK ST' WEST FRANKFORT FOR 62896
My home telephone is $[68] 932 - 3222$
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at $[6/8]$ $432-3222$
(Full name of utility company) — FINEREN CIPS ————————————————————————————————————
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.  SEE ATTACHED LEFTER 10 I.C.C., DATER
JANUARY 28, 2004 - Adm Code 280.50(c) NUD
280.50 (D)
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

extra sheet of paper if needed.  Lee attached sprentsheet (e) 162 lines of
Also note ACC 83/10-01814 in name of Catherine Vinegard
61710-40817" " Toscano hand Trust
00710-43215 " " Dengrover hand Trust
extra sheet of paper if needed. See attached spreadsheet (w) 162 lines of disputed and hon-disputed items.  Also note ACC 83/10-01814 in name of Catherine Vinegard;  61710-40817 " " Joseph hand Tuest  00710-43215 " " Jangroven hand Tuest  All 3 Accounts improperly transferred to account of Jusen Vineyard - 83110-01823.
Please clearly state what you want the Commission to do in this case:  TO ENFORCE THE ILLINOIS Administrative Cope FOR VIOLATION OF  SECTION 280.50 (a) AND SECTION 280.50 (d)
Date: February 9, 2004 Complainant's Signature Tusau Uneyes (Month Jday, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).  1) $ORIGTOCOMMFAXTOCOMMFAXTOAM$ VERIFICATION  VERIFICATION
A notary public must witness the completion of this part of the form.
I. $\frac{Susan}{Vlveyard}$ , first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
(Signature) Tusan Vineyart
Subscribed and sworn/affirmed to before me on (month, day, year) Achievy 9, 2004
Margaret & Karw
Notary Public, Minois  OFFICIAL SEAL MARGARET A KARNES NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. OCT. 2,2004

**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.